



PAYMENT ORDER

(to provide to your financial institution)

Yes, I wish to sponsor the Childwellness projects in India.
I therefore give the admission to monthly debit my account number:

.....

- for an amount of € 15.00
- for an amount of €
- for an amount of

from / / 20 on,

for the benefit of account number

IBAN: BE 82 0014 7304 8868
BIC: GEBABEBB

Childwellness vzw.
Peter Benoitlaan 4
8200 Brugge - Belgium

Name and First Name :

Address :

Zipcode : City :

Date + Signature